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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/585,817 06/01/2000 PAT 6,923,964  
 which is a CIP of 09/580,015 05/26/2000 ABN  
 which is a CIP of 09/322,289 05/28/1999  
 which is a CIP of 09/201,430 11/30/1998 PAT 6,787,523  
 which claims benefit of 60/080,970 04/07/1998  
 and claims benefit of 60/067,740 12/02/1997 *DK 9/27/05*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*NONE* *DK 9/27/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 05/15/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>DK</i>		

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TITLE  
 Prevention and treatment of amyloidogenic disease

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> <b>2434</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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